STROKE IN HIV INFECTED PATIENTS. IS IT MORE FREQUENT AND ARE THEY ATTENDED WORSE?

A. de Arce Borda¹, M. Goenaga Sánchez², P. de La Riva Juez¹, F. González López¹, N. Díez González¹, M. Arruti González¹, M. Von Wichmann de Miguel², F. Rodríguez Arrondo², X. Camino Ortiz de Barrón², M. Bustinduy Odriozola², H. Azkune Galparsoro², M. Ibarguren Pinilla², X. Kortajarena Urkola², A. Muñoz Lopetegí¹, G. Fernández García de Eulate¹, J. Rodríguez Antigüedad¹, D. Campo Caballero¹, J. Iribarren Loyarte², M. Martínez Zabaleta¹.

1. OSI Donostialdea Hospital Universitario Donostia., Neurología, Donostia, Spain.

2. OSI Donostialdea Hospital Universitario Donostia., Enfermedades infecciosas, Donostia, Spain.

Background and objectives: It is believed that HIV-infected patients have a higher risk of stroke and that they receive a different acute phase attention. The aim of this study is to determine if this is true in our environment.

Methods: Retrospective analysis of a series of cases of stroke in a HIV population in Gipuzkoa since 2009. The attention in the emergency room and the reason for not been admitted in the stroke unit (SU) are analyzed when this occurs

Results: 30 patients were included (mean age 56 years, range 45-80), 80% male, and an incidence of 3.04 cases per 1000 patient-year. 67% were ischemic stroke (IS) and 33% hemorrhagic stroke (HS).

Baseline characteristics:

Parenteral drug use	67%
HBP	46%
Smoke	63%
Mean CD 4	665 cells
Undetectable viral load	83%

Conclusions:

- 1.- HIV-infected patients have an increased incidence of stroke at younger ages.
- 2.- In our environment, the main reason for not entering stroke units is a delay in the search of care.
- 3.- It would be advisable to implement health education on early detection of stroke in this population.

Epidemiology

	INCIDENCE	MEAN AGE	RANGE
HIV population	3.04c/1000p-y	56	45-80
General population	1,61c/1000p-y	76	6-96

Admitted in the Stroke Unit

	ISCHEMIC STROKE	HEMORRHAGIC STROKE
HIV population	50% admitted in the SU	20% admitted in the SU
General population	49% admitted in the SU	35.5% admitted in the SU

Mortality at discharge

	ISCHEMIC STROKE	HEMORRHAGIC STROKE
HIV population	25%	60%
General population	9.4%	34.4%

Acute phase attention:

No thrombolysis or thrombectomy was performed.

In 22%, no neurological care was requested despite fulfilling criteria for admission to the stroke unit.

The reason for not entering the stroke unit were: >24h from the beginning of symptoms (39%) and coma or need of orotracheal intubation (28%).